

pu-17-192

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. A  
 Tamie Aberle  
 Director of Regulatory Affairs  
 Montana-Dakota Utilities Co., Inc.  
 400 North Fourth Street  
 Bismarck, ND 58501  
**Cert. No. 7016 1970 0001 1484 4283**

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

*[Handwritten Signature]*

Agent

Addressee

B. Received by (Printed Name)

*J Haas*

C. Date of Delivery

*6-5-17*

D. Is delivery address different from item 1?  Yes

If YES, enter delivery address below:

No



9590 9402 2318 6

7 PU-17-192 Filed 06/06/2017 Pages: 2  
 Return receipt - 7016-1970-001-1484-4283  
 USPS

2. Article Number (Transfer from service label)

**Cert. No. 7016 1970 0001 1484 4283**

- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Insured Mail
- Insured Mail Restricted Delivery (over \$500)

- Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

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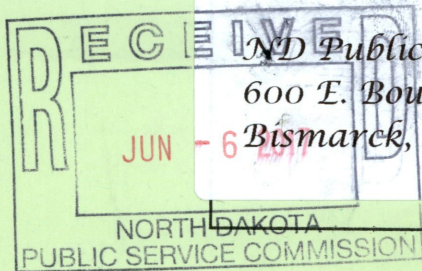
USPS TRACKING #

7 **PU-17-192** Filed: 6/6/2017 Pages: 2  
Return receipt - 7016-1970-001-1484-4283

First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

USPS

, and ZIP+4® in this box\*



*ND Public Service Commission  
600 E. Boulevard Ave. Dept. 408  
Bismarck, ND 58505-0480*